

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **PROVIDER AGENCY MEDICAL DIRECTOR NOTIFICATION  
OF CONTROLLED SUBSTANCE PROGRAM  
IMPLEMENTATION**

REFERENCE NO. 702.4

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I \_\_\_\_\_, am a physician licensed by the State of California to practice medicine, and authorized by the U.S. Department of Justice - Drug Enforcement Administration (Registration #) to purchase schedule II - IV controlled substances. I have current knowledge of all Federal, State and County Regulations governing controlled substance procurement and administration and will assume total responsibility for the controlled substance "program" at (provider agency name), including but not limited to, procurement, storage, control, safeguards, recordkeeping, disposal, and inventory.

Physician

Fire Chief/CEO/President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date